

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0501035

Insp Area: 4

Thos Bros: 256-H6

Site Address: 5767 LOLET WY SAC

Parcel No: 201-0990-039
N

NATOMAS CREEK VIL.# 1 LOT# 107

Sub-Type:

NSFR

Housing (Y/N):

CONTRACTOR

D. R. HORTON INC.
4401 HAZEL AVE STE 225
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP 2723 2 STORY 9 ROOM SFR

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect

License Class B License Number 750190 Date 1/31/05 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
JAN 31 2005

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 1/31/05 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2005

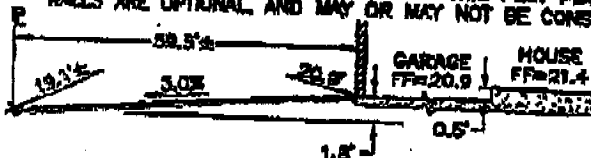
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 1/31/05 Applicant Signature [Signature]

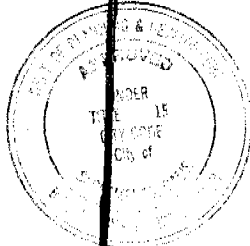
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

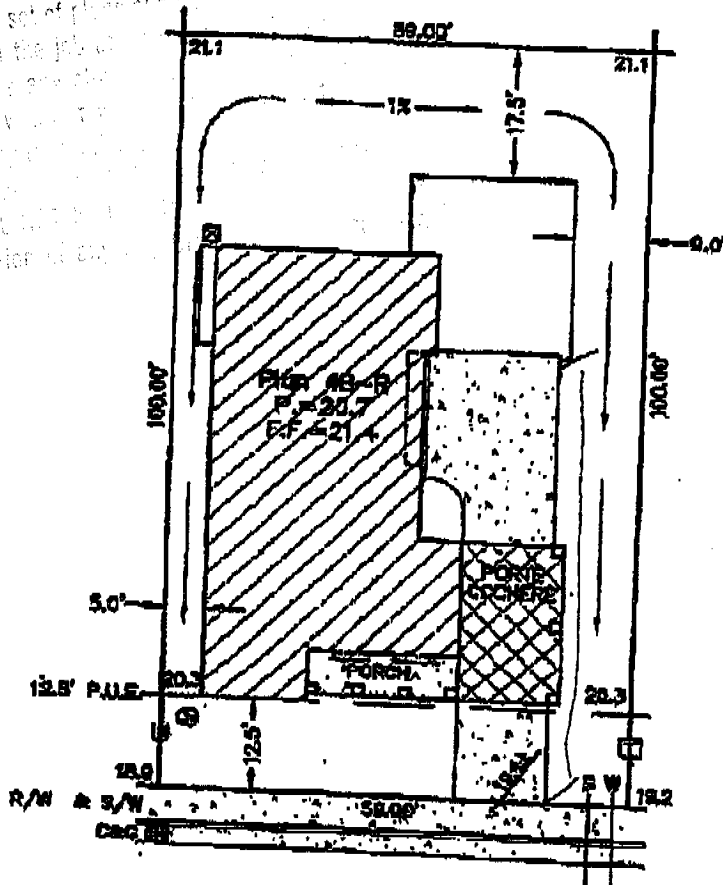
THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



DRIVEWAY CENTERLINE PROFILE
(NOT TO SCALE)



This set of plans...
kept on the job...
to be used...
shall not be...
without the...
signature of...



- LEGEND**
- U - UTILITY LOCATION
 - AC - AIR CONDITIONER
 - S - SEWER
 - W - WATER
 - SP - SUREWEST PEDESTAL
 - T - TRANSFORMER
 - DI - DRAIN INLET

Lolet Way
NET LOT AREA = 5,900 SQ. FEET
FOOTPRINT AREA = 2,254 SQ. FEET
LOT COVERAGE = 38%

OK MR
1-19-05

**PLOT PLAN
LOT 1107**
Natomas Creek Village 1
Manoche - Phase 7
City of Sacramento, State of California

**WECKER
SURVEYS**
1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95618
530-792-7252
FAX 530-758-2775

SCALE: 1" = 20'

INSTALLATION CERTIFICATE * All Plans **CF-6R**

D.R. Horton - Monoco @ Natomas Creek
 Site Address Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [2CF-1R value]	Duct Location (Attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [2CF-1R value]	Duct Location (Attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-11C) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Gas	Bradford White M-4-50S6FBN	STD	N/A	1	40,000	50	0.62		R-11.6

- 2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3 R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

J.R. Pierce (supervisor) J.R. Pierce Plumbing Co.
 Signature, Date Installing Subcontractor (Co. Name) OR
 11/5/04 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

DR HORTON - MONACO PLAN 4
Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., Fixed, Sliding)	Manufactured Products Labelled U-value (≤ CF-1R value) ²	Site Built Products # of Panels	Default U-Value ³	Quantity (Optional)	Total Square Feet	Comments/ Special Features
1. 6110	HV	.35				41	
2. 6210	SH	.35				330	
3. 5621	SLIP	.34				96	
4. 6340	PW	.33				100	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4
Item #s
(if applicable)

Jim Beault 11/4/04
Signature, Date

MILWARD WINDCIUS
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

Item #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

Item #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

Compliance Form:

July 1, 1995

Generation**Heating & Air Conditioning**

1660 Shadydale Ln.
Placerville, CA 95667
530-622-2228

Installation Certificate

Site Address: Schumacher, Natomas Creek, Monaco
Plan 4

HVAC SYSTEM:**Heating Equipment**

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - GMS80704BNA	Goodman	1	80%	Attic	R-6	70,000	70,000

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - CLJ 48-1	Goodman	1	12 SEER	Attic	R-6		4 Ton

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency standards for residential buildings and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Sherry Blake 9-1-04
Signature, Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

ICBO Evaluation Services, Inc.

D.R. Horton-Monaco

Report No. 3899

Lot 1107 5767 Lolet Way

Date of Job Completion: 6-10-05

Plaster Contractor

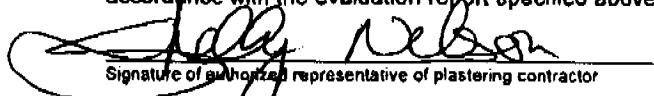
Name: TOLIVER PLASTERING, INC.

Address: 3346 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as
Issued by Western Stucco Products 507

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.


Signature of authorized representative of plastering contractor

7-7-05
Date

Installation card must be presented to the building inspector
After completion of work and before final inspection.

No. DRH-1107

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS						
	DR Horton LOT # 1107 Monard		<input type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED						
PART II AREAS INSULATED	WALLS			CEILING			FLOORS		
	(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
	MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
	FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
	MANUFACTURER			MANUFACTURER			MANUFACTURER		
	CT	OC	JM	CT	OC	JM	CT	OC	JM
	BAGS								
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS		
	13 1/2 3 1/2 30 38 1 1/4			KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE					
	MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER		
						CT	OC	JM	
AIR INFILTRATION SEALANT						MANUFACTURER			
MATERIAL Foam				HILTI		HANDY FOAM			
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.									
PART III CERTIFICATION	SIGNATURE — INSULATION CONTRACTOR			TITLE			DATE		
	JTC _____			MANAGER					
SIGNATURE — GENERAL CONTRACTOR			TITLE			DATE			
REMARKS									